

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Forward Together PAC

ADDRESS (number and street)

201 North Union Street

Suite 300

☐Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2650

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00412791

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2011

through

08

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Honorable Gerald S McGowan

Signature of Treasurer

Electronically Filed by Honorable Gerald S McGowan

Date

09

14

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Forward Together PAC

Report Covering the Period: From: M M
0 8 D D
0 1 Y Y Y Y
2 0 1 1 To: M M
0 8 D D
3 1 Y Y Y Y
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2 0 1 1		654955.55
(b) Cash on Hand at Beginning of Reporting Period	481598.49	
(c) Total Receipts (from Line 19)	3813.15	107687.54
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	485411.64	762643.09
7. Total Disbursements (from Line 31)	14069.79	291301.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	471341.85	471341.85
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
Forward Together PAC

Report Covering the Period:

From:

M M D D Y Y W Y
0 8 0 1 2 0 1 1

To:

M M D D Y Y W Y
0 8 3 1 2 0 1 1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	69550.00
(ii) Unitemized	300.00	5200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	300.00	74750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	3500.00	32500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3800.00	107250.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	13.15	437.54
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3813.15	107687.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3813.15	107687.54

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	14069.79	161301.24	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	14069.79	161301.24	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	125500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	1000.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1000.00	
29. Other Disbursements.....	0.00	3500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14069.79	291301.24	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14069.79	291301.24	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3800.00	107250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3800.00	106250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14069.79	161301.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14069.79	161301.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Forward Together PAC

A.

Full Name (Last, First, Middle Initial)
Humana, Inc. PAC

Mailing Address 975 F St NW
Ste 550

City State Zip Code
Washington DC 20004-1458

FEC ID number of contributing
federal political committee.

C C00271007

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 1

Transaction ID: C3957210

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
National Multi Housing Council PAC

Mailing Address 1850 M St NW
Ste 540

City State Zip Code
Washington DC 20036-5816

FEC ID number of contributing
federal political committee.

C C00130773

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 1

Transaction ID: C3957209

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 17

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Forward Together PAC

A.

Full Name (Last, First, Middle Initial)

Wachovia, NA

Mailing Address 330 N Washington St

City

Alexandria

State

VA

Zip Code

22314-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.86

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 1

Transaction ID: C3991741

Amount of Each Receipt this Period

0.71

* Interest

B.

Full Name (Last, First, Middle Initial)

Wachovia, NA

Mailing Address 330 N Washington St

City

Alexandria

State

VA

Zip Code

22314-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.86

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 1 1

Transaction ID: C3991739

Amount of Each Receipt this Period

0.19

* Interest

SUBTOTAL of Receipts This Page (optional)

0.90

TOTAL This Period (last page this line number only)

0.90

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) Mr. David H. Hallock, Jr.	Transaction ID: D247028 Date of Disbursement																				
Mailing Address 8911 Brieryle Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	1	1												
City Richmond State VA Zip Code 23229-7703	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">469.32</td> </tr> </table>	469.32																			
469.32																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Elizabeth W. Mixer	Transaction ID: D247034 Date of Disbursement																				
Mailing Address 1425 P St NW Apt 314	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	1	1												
City Washington State DC Zip Code 20005-1960	Amount of Each Disbursement this Period																				
Purpose of Disbursement Gas Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">372.45</td> </tr> </table>	372.45																			
372.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Elizabeth W. Mixer	Transaction ID: D246921 Date of Disbursement																				
Mailing Address 1425 P St NW Apt 314	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	1	1												
City Washington State DC Zip Code 20005-1960	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1288.48</td> </tr> </table>	1288.48																			
1288.48																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2130.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A.

Full Name (Last, First, Middle Initial)
Elizabeth W. Mixer

Mailing Address 1425 P St NW
Apt 314

City Washington State DC Zip Code 20005-1960

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D247472

Date of Disbursement

08 / 31 / 2011

Amount of Each Disbursement this Period

1288.48

B.

Full Name (Last, First, Middle Initial)
CareFirst BlueCross BlueShield

Mailing Address PO Box 79749

City Baltimore State MD Zip Code 21279-0749

Purpose of Disbursement
Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D247027

Date of Disbursement

08 / 19 / 2011

Amount of Each Disbursement this Period

229.60

C.

Full Name (Last, First, Middle Initial)
LexisNexis

Mailing Address PO Box 72477090

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement
Internet Research Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D247030

Date of Disbursement

08 / 19 / 2011

Amount of Each Disbursement this Period

148.40

SUBTOTAL of Disbursements This Page (optional)

1666.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) ADP	Transaction ID: D246922 Date of Disbursement																				
Mailing Address 5800 Windward Pkwy	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	1	1												
City Alpharetta State GA Zip Code 30005-8802	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">425.47</td> </tr> </table>	425.47																			
425.47																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ADP	Transaction ID: D246923 Date of Disbursement																				
Mailing Address 5800 Windward Pkwy	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	1	1												
City Alpharetta State GA Zip Code 30005-8802	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Service Charge Candidate Name	<table border="1"> <tr> <td colspan="10">86.43</td> </tr> </table>	86.43																			
86.43																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ADP	Transaction ID: D246893 Date of Disbursement																				
Mailing Address 5800 Windward Pkwy	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	3		2	0	1	1												
City Alpharetta State GA Zip Code 30005-8802	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Service Charge Candidate Name	<table border="1"> <tr> <td colspan="10">7.00</td> </tr> </table>	7.00																			
7.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

518.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) ADP	Transaction ID: D247473 Date of Disbursement
Mailing Address 5800 Windward Pkwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 1 1</div> </div>
City Alpharetta State GA Zip Code 30005-8802	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Taxes Candidate Name	<div> <div>416.42</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) ADP	Transaction ID: D247474 Date of Disbursement
Mailing Address 5800 Windward Pkwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 1 1</div> </div>
City Alpharetta State GA Zip Code 30005-8802	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Service Charge Candidate Name	<div> <div>86.43</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Columbia Capital, LLC	Transaction ID: D239870 Date of Disbursement
Mailing Address 201 N Union St STE 300	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 1 1</div> </div>
City Alexandria State VA Zip Code 22314-2650	Amount of Each Disbursement this Period
Purpose of Disbursement Rent Candidate Name	<div> <div>356.44</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

859.29

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A. Full Name (Last, First, Middle Initial) ActBlue	Transaction ID: D246974 Date of Disbursement																				
Mailing Address 14 Arrow St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	1	1												
City Cambridge State MA Zip Code 02138-5106	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service Fee Candidate Name	<table border="1"> <tr> <td colspan="10">6.92</td> </tr> </table>	6.92																			
6.92																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ActBlue	Transaction ID: D246975 Date of Disbursement																				
Mailing Address 14 Arrow St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	2		2	0	1	1												
City Cambridge State MA Zip Code 02138-5106	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service Fee Candidate Name	<table border="1"> <tr> <td colspan="10">3.95</td> </tr> </table>	3.95																			
3.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ActBlue	Transaction ID: D247634 Date of Disbursement																				
Mailing Address 14 Arrow St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	1	1												
City Cambridge State MA Zip Code 02138-5106	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service Fee Candidate Name	<table border="1"> <tr> <td colspan="10">0.99</td> </tr> </table>	0.99																			
0.99																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

11.86

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
Forward Together PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Forward Together PAC**A.**Full Name (Last, First, Middle Initial)
Wachovia, NA

Mailing Address 330 N Washington St

City Alexandria State VA Zip Code 22314-2502

Purpose of Disbursement
Commercial Service Charge

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D247710

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	1

Amount of Each Disbursement this Period

83.96

B.Full Name (Last, First, Middle Initial)
ICore Networks, Inc.Mailing Address 7900 Westpark Dr
Ste A315

City Mc Lean State VA Zip Code 22102-4235

Purpose of Disbursement
Telephone

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D246777

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	1

Amount of Each Disbursement this Period

50.31

C.Full Name (Last, First, Middle Initial)
Perkins Coie, LLPMailing Address 1201 3rd Ave
40th Floor

City Seattle State WA Zip Code 98101-3099

Purpose of Disbursement
Legal Services

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D247033

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	1

Amount of Each Disbursement this Period

79.00

SUBTOTAL of Disbursements This Page (optional)

213.27

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A.

Full Name (Last, First, Middle Initial)
Republic Parking System

Mailing Address 108 N Fairfax St

City Alexandria State VA Zip Code 22314-3224

Purpose of Disbursement
Parking

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D247480

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2011

Amount of Each Disbursement this Period

58.00

B.

Full Name (Last, First, Middle Initial)
Campaign Finance Consultants

Mailing Address 10 G St NE
Ste 570

City Washington State DC Zip Code 20002-4268

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D245113

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2011

Amount of Each Disbursement this Period

2656.00

C.

Full Name (Last, First, Middle Initial)
Campaign Finance Consultants

Mailing Address 10 G St NE
Ste 570

City Washington State DC Zip Code 20002-4268

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D246790

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2011

Amount of Each Disbursement this Period

45.00

SUBTOTAL of Disbursements This Page (optional)

2759.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Forward Together PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Cardmember Services</p> <p>Mailing Address PO Box 15153</p> <p>City Wilmington State DE Zip Code 19886-5153</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D246788 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 1 1</div> </p> <p>Amount of Each Disbursement this Period <div>502.64</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Six Columbus</p> <p>Mailing Address 6 Columbus Cir</p> <p>City New York State NY Zip Code 10019-1107</p> <p>Purpose of Disbursement Travel/Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D246789 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 1 1</div> </p> <p>Amount of Each Disbursement this Period <div>502.64</div> </p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 1270</p> <p>City Newark State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D247178 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 1 1</div> </p> <p>Amount of Each Disbursement this Period <div>750.85</div> </p>

SUBTOTAL of Disbursements This Page (optional)

1253.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Forward Together PAC

A.

Full Name (Last, First, Middle Initial)
Public Storage

Mailing Address 370 Holland Ln

City Alexandria State VA Zip Code 22314-3418

Purpose of Disbursement
Storage Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D247181

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2011

Amount of Each Disbursement this Period

195.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Wired For Change

Mailing Address 1700 Connecticut Ave NW

City Washington State DC Zip Code 20009-1134

Purpose of Disbursement
Website Support

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D247179

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2011

Amount of Each Disbursement this Period

520.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

13962.49